Application or Docket Number										per
PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 Og (017868)										
CLAIMS AS FILED - PART I (Column 1) (Column 2)							EMILIA	OR	OTHER SMALL E	
FOI	₹ .	NUMBE		NUMBER E	XTRA	RATE	FEE		RATE	FEE
BAS	IC FEE						345.00	OR		690.00
TOT	AL CLAIMS	27	minus 20	- 2		X\$ 9=	63	OR	X\$18=	
NDE	PENDENT CL	AIMS 5	minus 3	= · &		X39=	178	OR	X78≖	
MUL	TIPLE DEPEN	DENT CLAIM PR	ESENT			+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL		OR	TOTAL.	
8 5 0 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL	98G ENTITY	OR	OTHER SMALL	
M M		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	PATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL - FEE
	Total	. 63	Minus	. 63	= _ ^ :	X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	. 8	Minus	oeo g .	= -	X39=		OR	X78 ≠	
	FIRST PRESE	NTATION OF MIL	JLTIPLE DEPI	ENDENT CLAIM		+130=		OR	+260=	
				,		TOTA ADDIT, FE		OR	YOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)	(7		
PAT B	*****	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE
20.00	Total	•	Minus	- 00	<u>-</u>	X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	• /	Minus	000 4	3	X39=	·	OR	X78=	
E S	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDENT CLAIM		+130=		OR	+260=	
						TOTA ADDIT. FE		OR	TOTAL ADDIT. FEE	- 43
(Column 1) (Column 2) (Column 3)										
S S S		CLAIMS REMAINING AFTER AMENDMENT		HIGHESY NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE
088	Total	· AMERICAN	Minus	89	-	X\$ 9=		ОЯ	X\$18=	
AMENDMENT	Independent	·	Minus	GGS	2	X39=		OR	V70	
•	FIRST PRES	ENTATION OF W	IULTIPLE DEI	PENDENT CLAIR	<u> </u>	+130=		1		1
							!	OR	<u> </u>	<u></u>
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										
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*V.B. GPO: 2000-483-433/29044